

PERMIT APPLICATION DATE CITY OF SUNRISE USE ONLY

3801 N. University Dr. Ste. 401

PERMITS (954) 572-2354 INSPECTIONS

Sunrise, Florida 33351 FAX (954) 572-2357

(954) 572-2380 · 8:00 - 3:00

INSPECTIONS: WATER HEATER 8am - 12 pm \cdot POOL 8am - 12 pm \cdot ALL OTHER 8 am - 4 pm

SEC.	TWP.	AGE.	ZONE
*OWNER'S NAME			
*OWNER'S ADDRESS			
*CITY			PHONE
*CONTRACTING FIRM			
*MAIL ADDRESS			
*CITY			PHONE
*JOB ADDRESS			
*LOT		BLOCK	
*SECTION		ADDITION	
*PRESENT USE			
*PROPOSED USE			
*NUMBER OF STORES		OFFICES	
*FAMILIES	BEDROOM	S	BATHS
*TYPE OF WORK	ADD NEW	ALTER	REPAIR
*DESCRIBE			
APPLICATION is hereby no work or installation ha performed to meet the sts SUNRISE whether specifi	made to obtain a permit to o s been effected prior to the i andards of all laws regulatin ied in this application and a	do the work and installations a issuance of said permit and the g construction in BROWARD ecompanying plans or not.	as indicated. I certify that hat all work will be COUNTY and the CITY OF
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*COMPLETE JOB DATA		
*APPLICABLE ITEMS	*QUANTITY	FEE
	QUARTITI	, , ,
SITE WATER SIZE #FT. SITE SEWER SIZE #FT.		
STORM DRAINAGE		
ROOF DRAINAGE		
FIXTURE/ APPLIANCE TOTAL		
WATER CLOSET		
SHOWER/TUB		
SINK RESIDENTIAL		
SINK COMMERCIAL		
DRINKING FOUNTAIN		
WASH MACHINE		
FLOOR DRAINS		
WATER FILTRATION EQUIP.		
WITERT IETTOWNON EQUIT.		
POOL/SPA RES/COMMERCIAL		
NAT. GAS SYSTEM		
L.P. GAS SYSTEM		
L.I. GAG GTGTEW		
INTERCEPTOR/GREASE TRAP		
HEATER, SOLAR/ELECTRIC/GAS		
WELL IRRIGATION SYSTEM		
BOILER		
REPAIR / ALTERATION / REMODEL		
DEMOLITION		
BACKFLOW DEVICE		
MISCELLANEOUS		
WIISCELLANEOUS		
*ESTIMATED VALUE		
BRA		
CERT. MAINT.		
TOTAL		
101/12		
LUMBING PLAN REVIEW REQUIRE	MENIT	
1.	MEINI	
2.		
3.		
		
LICENSE & INS. ON FILE		



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INSPECTOR'S REPORT Plumbing Inspections								
SEWER HO								
SEPTIC TANK HOOK-UP								
GAS	L.P.G.							
	NATURAL							
TIE BEAM	ROUGH							
	TOP-OUT							
	FINAL							
WELL	ROUGH							
	FINAL							
REMARKS								